

# Hope in Action

## Summaries of World Vision's Strategies for HIV and AIDS Response



## HIV and AIDS Hope Initiative

**August 2006**

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## Introduction

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The HIV and AIDS Hope Initiative is World Vision's effort to increase and intensify responses to the AIDS pandemic in all of the more than 90 countries where World Vision operates. The overall goal of the Hope Initiative is to reduce the global impact of AIDS on children, their families and communities through the enhancement and expansion of World Vision programs and partnerships focused on HIV prevention, care, and advocacy.

This booklet summarizes the Hope Initiative strategies for the nine key areas of HIV and AIDS response on which World Vision focuses. It is intended to be of use to partners interested in learning about World Vision's HIV programming, including nongovernmental organizations, churches and other faith communities, donors, and policymakers. More extensive descriptions of each strategy can be found in World Vision's *ADP Toolkit for HIV and AIDS Programming*, available in the Hope Initiative's online HIV and AIDS resource database ([www.worldvision.org/help/aids-lib.nsf](http://www.worldvision.org/help/aids-lib.nsf)) or in CD and printed formats from the Hope Initiative. Detailed implementation guides and training manuals for World Vision's core HIV programming models are also available.

The strategies summarized here have been developed over time based on good practices and lessons learned by World Vision and other organizations engaged in HIV and AIDS response. Led by the Models of Learning team, the Hope Initiative's research and program development unit, World Vision is continually seeking to refine these strategies through ongoing assessment of the progress and results of its HIV and AIDS programming around the world. For additional information, please contact Models of Learning ([models\\_of\\_learning@wvi.org](mailto:models_of_learning@wvi.org)).

## World Vision's HIV and AIDS Hope Initiative: An Overview

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### World Vision and the AIDS Pandemic

In late 2005 it was estimated that 38.6 million people were living with HIV worldwide, roughly two-thirds of them in Africa. Every day in 2005, over 11,000 people were newly infected with HIV. Over 2.8 million people lost their lives to AIDS in 2005, including almost 600,000 children. More than 25 million people have died of AIDS since the epidemic emerged. More than 15 million children under the age of 18 have lost their mothers, fathers, or both parents to AIDS, and that number is rising rapidly – especially in Africa.

World Vision recently celebrated 50 years of work to promote the well-being of children and communities. Tragically, the hard-won achievements of those 50 years of relief and development work are now jeopardized by HIV and AIDS. Reduced child mortality, improved health, reinforced food security, and increased educational opportunities – all of this progress could be reversed. The AIDS pandemic is a crisis of unparalleled scope and scale. The Christian and humanitarian imperative, which undergirds everything World Vision does, compels response in the face of such pain and suffering.

Developing large-scale, effective responses to HIV and AIDS is a top priority for World Vision because the AIDS pandemic is the greatest single challenge facing the global community today, and because:

- World Vision is a child-focused organization and is deeply concerned about the more than 20 million children who will lose one or both parents to AIDS by 2010.
- World Vision has over 900,000 sponsored children in the 30 worst hit countries and over 2 million sponsored children at risk worldwide.
- World Vision is managing resources totalling more than \$300 million a year in the 30 worst hit countries.
- World Vision's staff is at risk, and many are personally affected by AIDS in their own families and communities.
- As a Christian organization, World Vision has a unique opportunity to share God's hope with those who are affected by AIDS.

World Vision has been implementing HIV and AIDS programs for more than a decade. However, in light of the enormity and severity of the pandemic in Africa and the increasing potential for catastrophic prevalence rates in Asia, Latin America/Caribbean, and Eastern Europe, World Vision has developed an organization-wide initiative focusing human, technical, and financial resources on maximizing World Vision's contributions toward addressing the AIDS pandemic.

The Hope Initiative is World Vision's commitment to do its part to address this unprecedented crisis in all the countries where it operates, in respectful partnerships with governments, churches and other faith communities, other agencies, communities, families, and children. The overall goal of the Hope Initiative is to reduce the global impact of AIDS through the enhancement and expansion of World Vision programs and partnerships focused on HIV prevention, care, and advocacy.

*A summary of the HIV and AIDS Hope Initiative goals, values, and partners is displayed on the next page.*

## The HIV and AIDS Hope Initiative

**Overall Goal**

The overall goal of the Hope Initiative is to reduce the global impact of AIDS on children, their families and communities through the enhancement and expansion of World Vision programs and partnerships focused on HIV prevention, care, and advocacy.

	Prevention	Care	Advocacy
<b>Track Goals</b>	Make a significant contribution to the reduction of new HIV infections	Achieve measurable improvements in the quality of life of children affected by HIV and AIDS and their households	Promote policies and practices that reduce stigma and uphold the rights of children and adults affected by HIV and AIDS
<b>Target Groups</b>	Girls and boys Pregnant & lactating women Most-at-risk populations	Orphans, children living with HIV, other children made vulnerable by AIDS and their households	Policy makers and decision makers  (local, national, and international)
<b>Values</b>	Bring a Christian response to the AIDS pandemic, reflecting God's unconditional, compassionate love for all people and the affirmation of each individual's dignity and worth		
<b>Partners</b>	Work with a wide range of partners in HIV and AIDS response at local, national, and international levels, with a special focus on faith communities		

## **World Vision's Core HIV and AIDS Response**

World Vision's core response to the AIDS pandemic has two key characteristics: it is child-focused and it emphasizes partnerships, particularly with churches and other faith communities, to address HIV and AIDS. Children are at the center of World Vision's HIV response. The two highest HIV and AIDS programming priorities for World Vision are care for orphans and other vulnerable children in AIDS-affected communities and HIV prevention for girls and boys aged 5-15: a "window of hope" before most children become sexually active. These priorities reflect World Vision's mission as a child-focused organization. They also reflect World Vision's assessment of the most strategic ways to invest resources in HIV response.

### ***Care for Orphans and Vulnerable Children***

The AIDS pandemic is leaving an unprecedented number of children orphaned and rendering at least as many children vulnerable. These additional children made vulnerable by AIDS include children who are living with HIV, children whose parents are living with HIV, and children in households that have absorbed orphans.

In many communities, the extended family system and other traditional safety nets providing care for orphans and vulnerable children (OVC) are being severely strained by the multiple, mutually exacerbating impacts of AIDS. The challenge is to find ways to help communities care for the unprecedented number of children and families made vulnerable by the AIDS pandemic.

WV utilizes OVC programming strategies that have been developed through more than ten years of experience implementing OVC programs in AIDS-affected communities and are aligned with globally agreed best practices in promoting OVC care. Strategies focus on strengthening family and community care for OVC, primarily through support of community-led care coalitions that bring together churches and other faith communities, government, local business, and other NGOs. Building on efforts already underway in the community, these coalitions support volunteer home visitors take responsibility for identifying, monitoring, assisting, and protecting OVC. WV's roles are to mobilize these coalitions where necessary, strengthen their technical and general organizational capacities, provide modest amounts of financial and material support, link them to other sources of support, and advocate for more resources to be made available for their work.

### ***HIV Prevention for Girls and Boys***

Girls and boys between the ages of 5 and 15 constitute a "window of hope" for HIV prevention. Because these children are generally not yet sexually active and have among the lowest HIV prevalence rates in the overall population, prevention efforts focusing on them have the potential to make a large and lasting impact. World Vision employs two main approaches to promote HIV prevention for these children. The first strategy focuses on ensuring that children acquire the values, knowledge, and skills that they need to protect themselves before they enter the high-risk period of later adolescence and young adulthood. World Vision trains teachers and community volunteers as facilitators, equipping them to deliver age-appropriate, values-based, participatory life skills training to children. WV also trains children as peer educators to help one another sustain healthy behaviors. In addition, World Vision helps communities identify and address the root causes of children's vulnerability to HIV – including gender inequity, harmful traditional practices, and extreme poverty.

The second strategy is helping communities protect their children from neglect, exploitation, and abuse, each of which puts the children at risk of HIV infection. World Vision works with community care coalitions, churches and faith communities, and other opinion leaders to facilitate community-led child protection and to identify and address the root causes of children's vulnerability to HIV – including gender inequity, harmful traditional practices, and extreme poverty.

### ***Partnerships with Churches and Other Faith Communities in HIV and AIDS Response***

World Vision focuses on churches and other faith communities as primary and indispensable partners in response to HIV and AIDS. In many AIDS-affected areas, churches and other faith communities are in the lead in helping families cope with the impacts of the pandemic – providing care and support for the sick, the widowed, and the orphaned. The potential of churches and faith communities to promote constructive behavior change for HIV prevention is undertapped. Equipping churches and other faith communities to expand and sustain their responses to HIV and AIDS is a central priority of the Hope Initiative.

As a nondenominational Christian organization, World Vision has a unique capacity and commitment to mobilize and equip churches and other faith communities for response to HIV and AIDS. World Vision has long-standing partnerships with churches across the world at both local and national levels. In Africa, World Vision has developed a continent-wide network of trained facilitators who are conducting workshops to equip local church and faith community leaders for HIV response across most of the twenty-five African countries where World Vision works.

World Vision staff have co-founded a network of African religious leaders living with or personally affected by HIV. World Vision also engages actively in a range of other HIV-focused church and faith-based networks at national, regional, and international levels, including the Pan-African Christian HIV and AIDS Network, the HIV and AIDS Committee of the Ecumenical Advocacy Alliance, and Christian Connections for International Health.

### ***Other Partnerships on HIV and AIDS***

Recognizing that no single organization can respond at a scale that matches the enormity of the HIV and AIDS crisis, World Vision is building close collaboration with many other partners in HIV response in addition to churches and faith communities. Partners include communities, governments, multilateral and bilateral organizations, international and national NGOs, the private sector, and academic and research institutions.

World Vision has led or served as a member of several international NGO consortia seeking to address the impacts of AIDS. These consortia include the Hope for African Children Initiative (HACI), a partnership of international organizations focused on expanding care for children affected by AIDS in Africa, and the Consortium for the Southern African Food Security Emergency (C-SAFE), which acknowledges AIDS as a root cause of the food security crisis in the region and develops programming that responds appropriately.

Overall, World Vision is working to serve as a catalytic partner in local, national, and international HIV action, helping to knit together a web of responses that collectively measure up to the magnitude of the AIDS crisis.

### ***Other Priority Areas in World Vision's HIV and AIDS Response***

In addition to the core HIV and AIDS response strategies described above, World Vision employs a range of other strategies in the fight against AIDS. Below is a brief description of each of the other key strategies for World Vision's HIV response. More extensive descriptions of each strategy can be found in the main text.

### ***Prevention of Mother-to-Child Transmission of HIV***

At the end of 2005, 2.3 million children below the age of 15 were HIV-positive. Most of these HIV infections were a result of mother-to-child transmission (MTCT) in utero, during delivery, or through breastfeeding. World Vision contributes towards reducing MTCT primarily through educating communities about the implications that HIV has for pregnant women and their unborn children and about options for minimizing the risk of MTCT. WV also encourages voluntary counseling and testing for HIV infection and helps fight stigma and discrimination against those who are HIV positive. In addition, WV advocates for safer obstetric practices and the accessibility of anti-retroviral drugs for mothers who are delivering. Finally, following birth, WV facilitates the formation of support groups and the provision of breastfeeding counseling for mothers.

### ***HIV Prevention for Most-at-risk Populations***

HIV is generally introduced into the wider population of a country through population groups with high-risk behaviors. Targeting groups that have disproportionately high rates of HIV infection and account for a disproportionately high amount of HIV transmission enables World Vision to make a substantial contribution towards reducing HIV prevalence rates. WV's employs four main strategies to promote HIV prevention among most-at-risk populations: providing behavior change communication, promoting voluntary counseling and testing, facilitating the diagnosis and treatment of sexually transmitted infections, and helping sex workers leave the sex trade.

### ***Home Based Care for the Chronically Ill***

Home based care, provided by family members of a person living with HIV or by concerned community members, involves a combination of disease management, palliative care, spiritual and psychosocial counseling, and facilitating access to community resources. World Vision's support for home based care builds on existing family and community responses to the needs of the chronically ill. WV's first priority is to provide training and support to family members who are looking after chronically ill relatives. WV also works to strengthen and expand traditional systems of care through structures including kinship networks, churches, and other faith communities. In communities where the government, churches, or NGOs have already set up home based care programs, WV seeks to collaborate and complement existing efforts. Where necessary, WV also initiates home based care programs in partnership with the community. In areas where antiretroviral therapy is available, WV also seeks to facilitate access for children and adults who need it.

### ***Psychosocial Support for AIDS-Affected Communities***

A recent study conducted by World Vision and Johns Hopkins University confirmed that the depression suffered by heavily AIDS-affected Ugandan communities is even more severe than the depression experienced by Rwandan communities after the 1994 genocide. The findings suggest that AIDS-related depression may not only be a serious concern in itself, but also a major obstacle to effective HIV prevention, care, and development interventions. WV addresses the psychosocial impacts of AIDS through two key strategies: training community caregivers to meet the psychosocial needs of those affected by HIV and utilizing the interpersonal psychotherapy for groups approach to provide treatment for those suffering from depression in areas heavily affected by AIDS.

### ***Advocacy***

Advocacy is an integral part of World Vision's overall response to the AIDS pandemic. The aim of WV's HIV-related advocacy is to persuade and enable individual policymakers, policymaking

institutions, and decision makers at every level to make the decisions and take the actions required to address the HIV crisis effectively in their contexts. World Vision's HIV advocacy focuses on four key issues: expanding and strengthening care for orphans and vulnerable children, reducing gender-based vulnerability to HIV, increasing access to a continuum of care and treatment for people living with HIV, and mobilizing resources for expanded HIV and AIDS response. World Vision advocates on the international level, targeting multilateral, bilateral, and regional audiences; on the national level in all AIDS-affected countries with a WV presence; and on the local level, including provincial, district, and community forums. At each level, WV pursues advocacy in partnership with allies, including other NGOs, churches and faith communities, donor agencies, businesses, and governments. WV draws on its field programming experience and its research to guide and inform all HIV advocacy efforts.

### ***Integrating HIV Response in Ongoing Development and Relief Interventions***

There is no sector of development work that is not affected by HIV. In addition to developing HIV-specific programming, World Vision seeks to integrate effective HIV responses into every development and relief intervention implemented in high prevalence contexts and many implemented in lower prevalence contexts. WV reviews interventions through an HIV and AIDS lens, modifying each to ensure that it contributes maximally toward preventing the spread of HIV and mitigating the impacts of AIDS. WV is mainstreaming HIV and AIDS response in a range of sectoral programming, including education, health, food security, microenterprise, water and sanitation, emergency relief, and disaster mitigation.

World Vision's action to address AIDS is an integral part of WV's overarching global commitment to transformational development, defined as a process through which children, families, and communities move toward wholeness of life with dignity, justice, and hope. In areas with high HIV prevalence, World Vision cannot contribute meaningfully towards communities' transformational development without actively addressing the pandemic. In areas of lower HIV prevalence, present progress and future potential for transformational development are severely jeopardized by the threat of HIV. To protect communities' gains to date in transformational development and to prevent future losses, World Vision offices worldwide work with partners to increase and intensify action on HIV and AIDS.

### **World Vision's HIV and AIDS Response Capacity**

One of the world's largest development and relief NGOs, World Vision works in more than 90 countries in Africa, Asia-Pacific, Latin America and the Caribbean, the Middle East, and Eastern Europe. World Vision's offices manage extensive grant-funded programs in food security, health, education, microenterprise, water and sanitation, and a range of other sectors. In most countries, World Vision also supports multisectoral community development through the area development program (ADP) structure. ADPs are clusters of communities that utilize funding from child sponsors across the world to pursue their child-focused development plans. World Vision is working to integrate HIV response in all these programs.

In recent years, World Vision has invested substantial private resources to develop strong HIV and AIDS programming capacity across all regions. Each region's HIV response is guided by a regional HIV and AIDS advisor. All World Vision national offices in high prevalence countries (countries with an adult HIV prevalence level of 5% or higher) and many offices in lower prevalence countries have a full-time national HIV and AIDS coordinator. Many ADPs in high prevalence countries have a full-time HIV point person. All these staff are trained to implement all WV's core models for HIV response.

In addition, World Vision has established the Models of Learning unit (MoL) as its incubator for global HIV and AIDS program development, documentation, and dissemination. The HIV and AIDS research and development specialists on the Models of Learning team work with each of the regions to design and test programming models for HIV response, based on global and local best practices. If the models prove effective, MoL works with WV regional and national staff to develop resource materials that support scaling of the models to other locations. MoL has developed programming toolkits, detailed implementation guides, and training manuals to support the scale-up of WV's core HIV programming models in high prevalence contexts. MoL is now focusing primarily on developing effective models for HIV and AIDS responses in lower prevalence contexts.

World Vision has developed a comprehensive framework for monitoring and evaluation of HIV and AIDS responses. The framework includes a Core HIV and AIDS Response Monitoring System that aggregates data from World Vision's HIV programming at local and national levels. Key indicators from the framework are included in each of the strategy summaries in this booklet.

World Vision's national offices in the developing world partner with World Vision support offices in seventeen developed countries. These support offices have made fundraising for HIV and AIDS programming a top priority. World Vision is currently managing tens of millions of dollars in HIV funding across Africa, Asia, and Europe from bilateral, multilateral, and private sources. These resources have enabled World Vision to reach hundreds of thousands of AIDS-affected children and their families to date. With strong management and accountability systems and an HIV and AIDS response infrastructure spread across the globe, World Vision is working with partners including churches, faith communities, NGOs, donors, and governments to scale up this outreach further.

The AIDS pandemic is a crisis of unparalleled scale, scope, and duration. Through the strategies summarized in the following pages, World Vision is committed to facing this crisis with compassion and hope.

## World Vision's Strategies for HIV and AIDS Response

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### I. HIV Prevention for Girls and Boys

#### The Challenge

Girls and boys are particularly vulnerable to HIV infection. Children in this age group may become sexually active before they have the knowledge and maturity to protect themselves from infection. The AIDS pandemic has dramatically increased their social and economic vulnerability, depriving them of parental protection and guidance and exposing them to sexual exploitation and abuse. Children's vulnerability to HIV is exacerbated by the harmful traditional practices that prevail in many communities. These vary among cultures, but may include early marriage, polygamy, initiation rites involving skin piercing or scarring, female genital mutilation, and child prostitution. Recent misconceptions, such as the belief that sex with a virgin cures AIDS, make this vulnerability still worse.

But at the same time, girls and boys are a "window of hope" for HIV prevention. Because these children are generally not yet sexually active and have among the lowest HIV prevalence rates in the overall population, prevention efforts focusing on them have the potential to make an enormous impact. For example, in 2002, young people aged 15-24 were three times as likely to become infected with HIV as children under the age of 15. The challenge is providing these children with the education and skills that they need to protect themselves before they enter the high-risk period of later adolescence and young adulthood. World Vision seeks to meet this challenge by strengthening communities' capacity to protect their children and helping children develop healthy attitudes and behaviors.

#### World Vision's Response

World Vision has chosen to focus its HIV prevention efforts on girls and boys because they offer a "window of hope" and also because relatively little HIV prevention work to date has targeted this group. This focus reflects WV's core commitment to the welfare of children and is complementary to WV's work to care for orphans and vulnerable children. WV pursues two main strategies to help communities protect children from HIV: equipping schools, churches, and peer educators with age-appropriate, values-based life skills materials and training; and helping communities protect their most vulnerable children from neglect, exploitation, and abuse.

#### *Life skills training for girls and boys*

In each region, World Vision begins child-focused HIV prevention programming with an assessment of existing life skills materials that can be used to educate children about how to protect themselves from HIV. WV favors materials that address HIV in the larger contexts of self-esteem, communication and negotiation, and responsible decision-making. Materials used by WV are age-appropriate: those targeting younger groups emphasize a general understanding of HIV transmission with the goal of reducing fear and misconceptions and encouraging care and compassion for those affected; those targeting older groups involve more detailed discussions of romance and sexual decision-making. Materials used by WV are values-based, emphasizing abstinence and marital fidelity as the primary modes of HIV prevention. WV's fundamental message is that God's plan is for human sexuality to be expressed exclusively within the covenant of marriage. In each context, WV seeks to identify or develop materials that are culturally sensitive and acceptable to the community.

Once the appropriate materials have been secured, WV trains primary school teachers, Sunday school teachers, church youth group leaders, community volunteers, and peer educators to use the curricula to educate children about HIV and AIDS. After the training, WV periodically revisits prevention programs to monitor effectiveness and make adjustments as necessary.

### **Zambia and Uganda**

World Vision is introducing values-based life skills materials developed by Scripture Union into primary schools in high prevalence African countries. The life skills curriculum for children and younger adolescents is called *Adventure Unlimited*. Topics include self-esteem, family, friendship, sexuality, HIV prevention, and choices and consequences. In Zambia, WV is training teachers to use this curriculum to train all the students in all the primary schools in communities where WV works. In Uganda, WV is training community volunteers to train children in and out of school. Training of teachers and volunteers is supplemented by training of peer educators among students and out-of-school youth.

### **India**

World Vision India has developed the Women and AIDS Project, which provides AIDS prevention education to adolescent girls in the poorest parts of Mumbai (formerly Bombay). After assessing gender assumptions, beliefs about sexuality, and knowledge about HIV and AIDS in the target communities, it became clear that many people lacked knowledge about HIV and that adolescent girls in particular were vulnerable to infection. The project developed educational materials for adolescent girls, covering topics including being a woman, puberty, sexuality, resisting sexual exploitation and harassment, dealing with reproductive health problems, and HIV and AIDS. The curriculum includes videos, plays, skits, and puppet shows to encourage learning. Along with providing basic information about sexuality and HIV, the educational sessions seek to provide the young women with self-understanding and to encourage them to assert their rights in making decisions regarding these aspects of their lives.

WV India also developed a complementary community awareness program to encourage HIV and AIDS awareness and understanding in the larger community. Meetings were conducted for different target groups, including adolescent boys, mothers of adolescent girls, and women's groups. The meetings included question-and-answer sessions, which were used to address misconceptions about AIDS. In a later phase, the project identified and trained peer educators to work with adolescent boys and girls. The project also developed pamphlets, posters, and street plays to increase awareness.

### **Malawi**

World Vision Malawi has opened a skills center targeting orphaned and vulnerable youth in the Nthondo area of the Central Province. This skills center provides life skills training, HIV and AIDS prevention messages, vocational training, and sports opportunities. By integrating HIV and AIDS messages with other forms of assistance and activities, the skills center encourages young people to stay involved. The skills center also provides peer-to-peer counseling and printed information about HIV and AIDS.

## **Dominican Republic**

In the Dominican Republic, World Vision has implemented a project to increase the perception of self-risk for HIV and to promote the adoption of healthy behavior among children aged 10-18. A group of 45 peer educators were trained as trainers in sexual and reproductive health, gender, effective and assertive communication, and self-esteem issues. Through trainings they conducted, more than 6,000 children and youth were reached and began promoting healthy and safe behaviors themselves. Tapping the creativity and communication skills of children, a team of ten community activists was formed. Using alternative communication techniques, this team organized HIV and AIDS education campaigns targeting diverse audiences. Nearly 50,000 adults, including teachers, religious and community leaders, health services providers, parents, and government authorities were sensitized and informed on HIV and AIDS by the team.

### ***Protecting vulnerable children from sexual exploitation and abuse***

Along with providing girls and boys with the information and skills they need to protect themselves from HIV infection, World Vision works to protect children who have been made vulnerable by AIDS from sexual exploitation and abuse. WV supports community-led initiatives caring for orphans and other vulnerable children. The centerpiece of this programming is training of home visitors who monitor children's well being and address any needs that arise. (This approach is described at length in the summary of Care for Orphans and Vulnerable Children.) With WV's assistance, these home visitors are trained to identify signs of neglect and abuse and to directly intervene to stop the abuse and/or to involve the appropriate authorities. Community care initiatives ensure that a protocol is in place to assist abused and exploited children and advocate for additional services to aid these children when necessary.

World Vision also advocates for the end of harmful traditional practices that put children at risk of HIV infection, such as female genital mutilation, dangerous initiation rites, and early marriage. WV builds relationships with traditional, church, and other community leaders and educates them about the modes of HIV infection in their communities. Once trust had been established, WV encourages community leaders to make harmful traditional practices safer or, where necessary, to end them altogether.

### **Key Indicators**

#### *Output:*

- # and % of all primary school students in World Vision ADPs that have received values-based, age-appropriate life skills education and training for HIV prevention in FY\_\_

#### *Outcome:*

- # and % of these students that scored above 80% on an immediate post-training test

#### *Impact:*

- Perception of HIV self-risk among children (agreeing with the statement that "people like me are at risk of getting HIV")
- Change in mean age of first sexual intercourse

## 2. Prevention of Mother-to-Child Transmission of HIV

### The Challenge

At the end of 2005, 2.3 million children below the age of 15 were HIV-positive. Most of these HIV infections were a result of mother-to-child transmission. Mother-to-child transmission can occur in utero, during delivery, or through breastfeeding. Of the children born to women living with HIV, 15-25% become infected during pregnancy and delivery. Another 10-20% may subsequently become infected through breastfeeding. UNAIDS estimates that by the year 2010, AIDS will have increased the mortality of children under 5 by more than 100% in the areas most affected by the virus. Mother-to-child transmission of HIV threatens to reverse years of progress in child survival in high prevalence countries, but preventing mother-to-child transmission (PMTCT) is made difficult by poor or nonexistent prenatal and obstetric care in many parts of the developing world.

### World Vision's Response

World Vision responds to this challenge by drawing on its experience in community mobilization and community health promotion. WV educates communities about the implications that HIV has for pregnant women and their unborn children and options for minimizing the risk of MTCT. WV also encourages voluntary counseling and testing for HIV infection and helps fight stigma and discrimination against those who are HIV positive. In addition, WV advocates for safer obstetric practices and the accessibility of anti-retroviral drugs for mothers who are delivering. Finally, after birth, WV facilitates the formation of support groups and the provision of breastfeeding counseling for young mothers.

#### *Laying the foundation for PMTCT*

##### *Increasing community awareness*

In many communities in the developing world, little is understood about HIV transmission, particularly HIV transmission from mother to child. Those who are HIV positive often face stigma and discrimination. At the same time, many communities have firmly entrenched traditions and practices regarding pregnancy, birth, and breastfeeding. This combination of factors presents a major barrier to pregnant women who may have been exposed to HIV. Even if they receive HIV testing and learn their status, they may face discrimination, stigma, or resistance if they try to adjust their behavior to protect their unborn child. For this reason, community education is crucial to preventing mother-to-child transmission of HIV. WV trains local leaders to provide communities with accurate information about HIV transmission and works to overcome the stigma often associated with HIV-positive people. WV works to educate all community members about PMTCT options, with a special emphasis on reaching women of childbearing age. WV also encourages communities to support pregnant women in making decisions to protect their children from infection.

##### *Increasing access to voluntary counseling and testing*

An important part of this work is to ensure that voluntary counseling and testing (VCT) for HIV is available and accessible in the communities where World Vision works. WV's activities include promoting awareness of and support for VCT and providing technical support to VCT facilities. WV works to make VCT accessible and useful to pregnant women by facilitating partnerships between prenatal health care workers and VCT counselors. In some communities, WV provides training to both of these groups on PMTCT, so that they may in turn help women understand the implications of their HIV status for their pregnancy and their options for reducing the risk of transmitting the virus to their children.

## **Promoting PMTCT during labor and delivery**

### *Improving obstetric practices*

World Vision seeks to reduce the transmission of HIV from mother to child by improving obstetric practices. Depending on local conditions, this work may include training traditional birth assistants in safe delivery techniques, encouraging mothers to deliver in a hospital or clinic, and providing health workers with up-to-date training and information, including information on PMTCT.

### *Improving access to short-course anti-retroviral treatment*

World Vision supports the provision of short-course anti-retroviral (ARV) drugs to pregnant women where feasible, as one of the most effective methods for preventing mother-to-child transmission during labor and delivery. WV works to secure gifts-in-kind donations of these drugs for clinics, hospitals, and other health facilities that serve communities where WV operates. WV also advocates at national and international levels to increase the availability of and access to low-cost ARVs.

## **Supporting PMTCT after birth**

### *Providing post-natal support*

World Vision provides support for women who have recently given birth in a variety of ways. WV facilitates the formation of support groups for people who have tested positive for HIV or for all new mothers, and in some communities provides nutrition education to young mothers. In each of these activities, WV seeks to reduce stigma against those who are HIV-positive and to encourage community support for mothers seeking to make healthy choices.

### *Facilitating breastfeeding counseling*

World Vision assists community leaders and health care workers in providing breastfeeding counseling to HIV-positive mothers. The content of this counseling follows WHO, UNICEF, and UNAIDS guidelines, recognizing that while HIV can be transmitted through breastfeeding, in many communities formula feeding is unsafe or unaffordable. WV educates communities about context-appropriate alternatives to breastfeeding for HIV positive mothers, such as breastfeeding exclusively and stopping early, using heat-treated breast milk, wet-nursing, and (where feasible) replacement feeding with commercial formula. Other WV activities include ensuring that local infant feeding training programs incorporate PMTCT information, providing nutritional support to HIV-positive women who are breastfeeding, exploring ways to make replacement feeding safer, and working against harmful local beliefs about breastfeeding.

## Key Indicators

### *Output:*

- # of community members educated about PMTCT options, including a) voluntary counseling and testing b) short-course antiretroviral treatment, and c) infant feeding options
- # of prenatal health workers and traditional birth assistants (TBAs) trained in PMTCT skills, including safe delivery for mothers living with HIV
- # of members in post-birth support groups formed

### *Outcome:*

- # and % of women delivered by prenatal health workers and traditional birth attendants trained in PMTCT skills
- # and % of women utilizing VCT services
- # and % of women and their infants receiving short-course antiretroviral treatment when needed for PMTCT

### *Impact:*

- % of infants with HIV at 18 months of age

### **3. HIV Prevention for Most-at-Risk Populations**

#### **The Challenge**

HIV is generally introduced into the wider population of high prevalence countries through most-at-risk populations, including sex workers; mobile populations including long distance truck drivers, migrant laborers, and fishermen; and drug users. A number of factors contribute to these groups' vulnerability to HIV: they may engage in specific high risk forms of behavior such as having unprotected sex with multiple partners or injecting drugs, and may also have limited ability to protect themselves from HIV because of poverty, lack of education, and separation from their families and communities. This vulnerability results in extremely high HIV infection rates—for example, in Zimbabwe the HIV infection rate among sex workers is as high as 86%. These most-at-risk populations can be difficult to reach with prevention efforts because of their mobility and isolation from their communities and the broader society.

#### **World Vision's Response**

World Vision has chosen to prioritize prevention efforts focused on most-at-risk populations. By targeting groups that have disproportionately high rates of HIV infection and account for a disproportionately high amount of HIV transmission, such efforts can make a major contribution towards reducing HIV prevalence rates. WV's programming employs four main strategies: providing behavior change communication, promoting voluntary counseling and testing, facilitating the diagnosis and treatment of sexually transmitted infections (STIs), and helping sex workers leave the sex trade.

##### ***Providing behavior change communication***

World Vision works to prevent HIV infection in most-at-risk populations by providing them with context-specific information about HIV transmission. WV trains peer educators in most-at-risk communities, who provide behavior change communication in the form of educational presentations, group discussions, one-on-one counseling, and condom information and provision. WV also produces educational materials in the form of pamphlets, posters, and t-shirts, and hosts special awareness events.

##### ***Promoting voluntary counseling and testing***

World Vision aims to ensure that most-at-risk populations have access to voluntary counseling and testing (VCT) for HIV infection. WV provides training and technical support for VCT centers and encourages sex workers, truck drivers, and other individuals at high risk to learn their HIV status so that they can take steps to protect themselves and others.

##### ***Facilitating the diagnosis and treatment of STIs***

WV also helps most-at-risk communities access treatment for sexually transmitted infections. The presence of one or more STIs greatly increases an individual's risk of contracting and transmitting HIV through sexual intercourse. STIs is thus one of the most effective HIV prevention interventions. In some programs WV provides diagnostic and treatment services directly; in others WV promotes linkages between most-at-risk populations and treatment facilities operated by the government or other agencies.

### **Cambodia**

World Vision has developed innovative programming focused on HIV prevention among mobile populations in Cambodia. In multiple sites along Cambodia's major transport routes, World Vision staff worked with community leaders and government staff to conduct HIV and AIDS education sessions for all 500 of the sex workers in the community. The education sessions provided information about HIV, STIs, sexuality, self-risk assessment, life skills, and the care and support of people living with AIDS. Informal sessions were also provided for fishermen, seaport workers, truck drivers, and motor-taxi drivers, groups that had been identified as the main clients of the sex workers. Leaflets on HIV and AIDS and available health services were distributed, and banners were displayed in strategic locations. In addition, sex workers were selected for training as peer educators and provided with a Peer Education Kit. Similar initiatives were undertaken in Laos, Myanmar, China, and Vietnam, and the resulting lessons were combined in a *Toolkit for HIV Prevention Among Mobile Populations in the Greater Mekong Sub-Region*. It has been translated into each of the local languages and made available across the region and beyond.

### **Mozambique**

World Vision Mozambique has developed an HIV prevention program targeting truck drivers, commercial sex workers, and transactional sex practitioners (those who exchange sex for favors) along the Tete-Zambézia-Nampula corridor, a major transportation route. WV trains peer educators in individual counseling, participatory outreach, teaching techniques, and monitoring skills. WV also builds the capacity of local service providers in order to expand VCT and the diagnosis and treatment of STIs. WV seeks to involve the wider community along the corridor by working with Uniãco Biblica de Moçambique (Scripture Union of Mozambique) to train primary and secondary school teachers and church leaders in HIV prevention. Finally, WV Mozambique has designed a mass media campaign to increase awareness about HIV and AIDS, including radio announcements and the development of a campaign slogan and logo to feature on caps, t-shirts, bumper stickers, billboards, and selected trucks.

### **Helping sex workers leave the sex trade**

World Vision encourages and assists sex workers who wish to leave their profession. Strategies include returning young sex workers to school, developing income-generating activities to provide sex workers with an alternative source of income, providing skills training to help sex workers gain other employment, and providing practical, emotional, and spiritual support to help rehabilitated sex workers face the challenges in their day-to-day life.

### **Zambia**

The Sanduka Project in Zambia helps women who wish to leave the sex trade ("Sanduka" means "change" in the local language). Women can choose to return to school or to learn another trade. WV pays for women who choose the former to attend a boarding school, removing them from the sex work environment and ensuring supervision, counseling, and support. Women who wish to learn a trade (often tailoring or catering) board together, so that they can support one another in their decision to leave sex work. They receive vocational training and capital to start their own small businesses. WV provides one-to-one counseling and facilitates support groups among these women as they transition to a new life.

## Key Indicators

### *Output:*

- # of members of most-at-risk populations receiving HIV prevention behavior change messages through peer educators
- # of facilities supported to provide STI testing and treatment
- # of sex workers placed in education or training programs

### *Outcome:*

- # and % of members of most-at-risk populations able to demonstrate accurate knowledge of modes of HIV transmission and methods of prevention
- # of members of most-at-risk populations seeking voluntary counseling and testing
- # of members of most-at-risk populations seeking STI testing and treatment
- # of members of the most-at-risk populations reducing risky behavior
- # of sex workers who remain out of the sex trade longer than one year and are able to support themselves through a livelihood strategy other than sex work

### *Impact:*

- HIV prevalence rates among target populations

## 4. Care for Orphans and Vulnerable Children

### The Challenge

More than 15 million children under the age of 17, most of them in sub-Saharan Africa, have lost one or both parents to AIDS. This number is expected to increase to more than 20 million by the year 2010. In addition, there are millions more children who are highly vulnerable because their parents are suffering from AIDS or because their families are heavily affected by the pandemic.

Children orphaned or made vulnerable by AIDS experience a wide array of problems. In addition to the severe psychosocial distress of losing one or both parents, they may also lack food, shelter, clothing, or health care. They may be forced to drop out of school or required to care for chronically ill adults or younger siblings. They may face discrimination, abuse, or exploitation. Deprived of parental guidance and protection, they may themselves become vulnerable to HIV infection. In many communities, traditional ways of caring for orphans and vulnerable children, such as the extended family system, are being severely strained by the multiple, mutually exacerbating impacts of HIV and AIDS. The challenge is to find ways to help communities care for the unprecedented number of children and families rendered vulnerable by HIV and AIDS.

### World Vision's Response

World Vision seeks to strengthen and extend the work communities are already undertaking to assist orphans and vulnerable children (OVC). Recognizing that orphans are not the only children who suffer because of HIV and AIDS, WV supports community efforts to identify, monitor, assist, and protect the orphans and other children who are most vulnerable within HIV and AIDS-affected communities. These other vulnerable children may include children who are living with HIV or AIDS, children whose parents are living with HIV or AIDS, children in households that have absorbed orphans, disabled children, and others who meet the criteria for vulnerability defined by the community. WV supports communities caring for OVC in two main ways: by adding an OVC focus in communities where WV sponsors children, and by initiating new OVC-focused programming in areas where WV does not implement child sponsorship.

#### ***Adding an OVC focus in existing sponsorship program areas***

In all the areas where World Vision implements child sponsorship programs, funds contributed by child sponsors are utilized to support community development that benefits the children of the community. In communities with high HIV prevalence, WV is committing funds to support community-led care for orphans and vulnerable children. In some communities, this is a re-allocation of existing sponsorship funds; in others, this includes new funding.

A portion of these OVC-focused funds supports needed intensification of activities already underway to benefit children. These activities typically include the following, according to the particular needs, capacities, and priorities in the local context:

- Education support (for example, school fees, uniforms, supplies, equipment, school construction or rehabilitation)
- Basic health care (for example, health checkups, immunizations, provision of treated bed nets for malaria prevention, oral rehydration therapy training and packets, clinic construction or rehabilitation, training of community health workers, etc.)
- Food security (for example, agricultural supplies, nutritional supplements, etc.)
- Clothing and blankets (as available and necessary)
- Access to safe water
- Psychosocial and spiritual nurture

*Catalyzing and building the capacity of community care coalitions*

Most of the additional funds support new activities to address children's unique vulnerabilities caused by HIV and AIDS. These activities are organized under the rubric of a community-led care initiative for orphans and other highly vulnerable children and their families.

To catalyze this initiative, World Vision helps convene a group of concerned community members who are already taking responsibility for assisting OVC and other vulnerable community members, or are interested in doing so. These community members often come from one or more churches, other faith communities, community-based organizations, the private sector, government, and other local institutions.

At their initial meeting, these community members first discuss the care efforts already underway in the community, then identify the remaining gaps and needs, and finally agree on a way to address these together. Communities typically choose to form a broad-based community care coalition (CCC) focused on orphans and other vulnerable children, or on overall community responses to HIV and AIDS. In many instances, one or several churches or church groups (women's groups, lay pastoral caregivers, etc.) lead the development of this coalition.

The coalition works with World Vision to define criteria for assessing vulnerability within the community. The coalition then takes responsibility for identifying OVC in the community, using these criteria. The coalition also recruits home visitors: caring community members committed to visiting the homes of OVC regularly. These home visitors are trained by WV and other partners to enable them to provide essential assistance, including:

- Continuous monitoring of child well-being (including health, nutrition, education, and psychosocial status)
- Protection against abuse and neglect (through prevention, negotiation, advocacy, and referrals)
- Spiritual and psychosocial support for OVC and their guardians (through one-on-one counseling and through fostering support groups among OVC and among guardians)
- Mentoring on life-sustaining skills (negotiation and decision-making skills for HIV prevention, household management skills, negotiation skills, basic agricultural skills where appropriate, home repair skills, etc.)
- Local-level advocacy for policy, practices, and resources to benefit OVC and their families

In addition, the community care coalitions work to provide the following assistance as needed by the children and families they identify as most vulnerable, as resources allow:

- Facilitating access to education
  - Overcoming barriers to primary school attendance (fees, uniforms, supplies, stigma and discrimination, etc.)
  - Arranging apprenticeships, vocational education, secondary school, or other appropriate education for older OVC
- Emergency nutritional support when necessary
- Referrals to health care facilities
- Assistance with basic household tasks (fetching water, cleaning house, tending crops, etc.)
- Care for chronically ill adults and children in the household (valuable on its own, and because it relieves the heavy psychosocial and labor burdens on children of chronically ill parents/guardians)
  - Palliative care – simple assistance to reduce physical suffering, including basic medicines and/or traditional remedies that are safe, effective, and available
  - Nutrition – training on good nutrition practices and provision of training and supplements (when necessary and available)
  - Hygiene training – to protect from HIV transmission

- Spiritual and psychosocial support

Other assistance that home visitors may facilitate, based on need and resource availability, includes:

- Succession planning (preparing for the loss of a parent)
  - Development of memory books/memory boxes
  - Identification of standby guardians
  - Protection of inheritance rights
- Community-managed day care for young children (under six years)
- Supervised recreation activities for all local children, including OVC (sports, games, singing, dancing, drawing, and other activities that promote integration and healthy socialization and overcome stigma and isolation)
- Education of pregnant and lactating women regarding prevention of mother-to-child transmission

World Vision staff and partners provide training, advising, and other capacity building assistance to enable community coalitions to undertake the activities above. WV also trains the coalition in planning, budgeting, proposal writing, monitoring, reporting, and other key organizational development skills that enable the coalition to access resources to address other critical needs the home visitors identify when visiting the homes of OVC. In addition to building the coalitions' capacity, WV staff actively link coalitions with other sources of support (technical, financial, and material) available at district and national levels. Special emphasis is given to strengthening the referral systems and linkages between the coalitions and local health facilities. WV staff also advocate at district and national levels for allocation of additional resources for local groups caring for OVC.

#### *Supporting home visitors*

The home visitors of the community coalitions form the backbone of this approach to caring for OVC. Most visitors are women and men who are already visiting vulnerable family members and neighbors, on their own or as members of a church group, a women's group, a youth group, or some other community body. Most visitors have embraced opportunities to gain skills and knowledge that will enable them to provide care more effectively.

Strengthening the caring capacities of home visitors is crucial in ensuring high quality of care and lasting benefits for OVC and their families. World Vision is developing appropriate capacity building tools (curricula, training materials, visual aids, etc.) specifically for this purpose, drawing from WV's own experience and the work of other partners. WV staff members are being equipped to utilize these tools to provide support to home visitors in the form of training, advising, and other forms of capacity building. In addition to the practical skills mentioned above, training includes strategies for mutual emotional and spiritual support. WV also facilitates support groups in which home visitors can share experiences, work through difficulties they are encountering, and receive empathy and care from other group members. In some instances, WV also provides home visitors with tools and equipment that enable them to provide care to OVC more effectively, such as shoes, umbrellas, or basic palliative care kits.

### ***Developing new OVC care programming outside sponsorship program areas***

In order to reach a meaningful portion of the huge numbers of OVC in areas heavily affected by HIV and AIDS, World Vision looks beyond the boundaries of the communities where sponsorship programs operate. The core strategy for OVC programming outside existing sponsorship areas is a streamlined version of the approach outlined above, capable of reaching more beneficiaries at lower cost.

World Vision plays the following roles in this approach to OVC care:

- Catalyzing OVC care initiatives led by the community – often with churches and other faith communities in the forefront
- Strengthening the capacity of these OVC-focused community initiatives. The capacity building component of this approach entails training, advising, and other forms of technical assistance to strengthen both general organizational development capacities (planning, budgeting, proposal writing, monitoring, reporting, etc.) and capacities specific to caring for OVC.
- Providing modest amounts of material and/or financial assistance for these initiatives to use in caring for OVC and their families. Much of this assistance is availed on a competitive basis as small grants. These small grants serve a dual purpose: providing the community initiatives with resources that help them to expand their efforts, and affording the initiatives valuable experience in proposal development that will enable them to access other external resources in the future.
- Linking the community initiatives to information and funding opportunities at district and national levels
- Advocating at district, national, and global levels for additional resources to be made available for community OVC care initiatives

### **Key Indicators**

*Output:*

- # of OVC reached through programming supported by World Vision in FY\_\_

*Outcome:*

- # and % of these OVC that have the following:
  - Education – are either in school or in appropriate vocational education
  - Nutrition – have either:
    - a. Adequate nutrition according to national standards (where it is possible to measure this), or
    - b. At least as much food as the norm for children in the community
  - Care – are being visited regularly by a caring community member who monitors and assists the child and family
  - All of the above

*Impact*

- # and % of OVC reporting a quality of life at least as high as that of the average child in their community (based on a definition of quality of life developed by community members and typically including local standards of education, food security, health, psychosocial and spiritual care, and protection from abuse and exploitation)

## 5. Care for the Chronically Ill

### The Challenge

HIV prevalence rates among adults in the developing world, and particularly in sub-Saharan Africa, are devastating. Botswana, Lesotho, Swaziland, and Zimbabwe all have infection rates greater than 20%, with Botswana at an astronomical 30.4%; more than a dozen other countries in southern and eastern Africa are considered to have high HIV prevalence (over 5% of the adult population). The average HIV prevalence for all countries in sub-Saharan Africa is 6.1%, more than six times the global average prevalence rate of 1%. Life expectancy is declining rapidly as morbidity and mortality rise to unprecedented levels. No health care system has ever faced a crisis of this scale.

Even if infection rates are stabilized in the near future, the number of the chronically ill will continue to increase throughout the next decade, placing a heavy burden both on already under-resourced health care facilities and on communities where the ability to care for the sick is further diminished by the loss of many productive adults. Despite the reduction in prices for anti-retroviral drugs, these medicines remain economically and logistically out of reach for most communities in the developing world. The challenge is finding ways to help communities care for the chronically ill when health care facilities are limited or nonexistent.

### World Vision's Response

World Vision's response to this challenge is to assist communities in establishing or strengthening home based care. Home based care, provided by family members of the sick person or by concerned community members, involves a combination of disease management, palliative care, spiritual and psychosocial counseling, and facilitating access to community resources. The goal of home based care is to provide chronically ill individuals with cost-effective quality care in the familiar and supportive environments of their own homes, thereby relieving the burden on health care systems unable to cope with the enormous numbers of people ill with a disease that has no cure.

World Vision seeks to build on existing family and community responses to the needs of the chronically ill. WV's first priority is to provide training and support to family members who are looking after chronically ill relatives. WV also works to strengthen and expand traditional systems of care, such as kinship networks, churches, and other faith communities. In communities where the government, churches, or NGOs have already set up home based care programs, WV seeks to collaborate and complement existing efforts. Where necessary, WV also initiates home based care programs in partnership with the community.

### *Training home based caregivers*

One of World Vision's most important roles is providing home based caregivers with the knowledge and skills they need to do their work effectively and safely. WV helps communities train caregivers in basic palliative care, nutrition and hygiene, treatment of opportunistic infections, and spiritual and psychosocial counseling. WV ensures that caregivers are provided with basic facts about HIV and instructed on how to use universal precautions to protect themselves from infection. In some instances, WV also provides caregivers with training in record keeping, monitoring and evaluation, income generating activities, and resource mobilization.

### **Supporting home based caregivers**

Along with providing training, World Vision undertakes a variety of initiatives to support home based caregivers in their work. In some communities, WV provides direct material assistance, such as home based care kits containing basic care supplies (gloves, bandages, antiseptic soap, etc.); medicines for palliative care and treatment of opportunistic infections (oral rehydration therapy, antibiotic lotion, aspirin, etc.) or food (local staples like maize meal, high energy protein supplement, etc.). WV also links home based caregivers to other individuals and organizations that provide services to the chronically ill and helps caregivers form mutual support networks. WV seeks to assist home based care programs in becoming as effective as possible by providing help with monitoring and evaluation and advocating with the government and other agencies for support for these programs.

#### **India**

In communities of the Imphal area in northeast India, World Vision is working to help widows living with HIV and their children access health care and income generating opportunities. The project ensures that the women and children receive medical check-ups and treatment for opportunistic infections. The widows also receive job skills training and are assisted in forming self-help groups so that they may meet their needs and the needs of their children. The project provides these women with further support by organizing counseling, home visits, nutritional supplements, and referrals. WV also promotes HIV and AIDS awareness in the wider community.

### **Key Indicators**

#### *Output:*

- # of caregivers trained within households caring for a chronically ill person
- # of community members trained as home based caregivers for neighbors
- # of home based care teams formed and trained
- # of HBC kits provided
- # of chronically ill adults referred to appropriate clinical services

#### *Outcome:*

- # and % of chronically ill persons who are receiving care through regular visits by community members
- # and % of chronically ill persons receiving good quality care
- # and % of chronically ill persons who have written wills or undertaken other kinds of succession planning

#### *Impact:*

- # and % of chronically ill persons reporting improved health and quality of life

## 6. Psychosocial Support for AIDS-Affected Communities

### The Challenge

HIV and AIDS not only affects the physical health and livelihoods of those that it touches; it also affects the emotional and spiritual well being of individuals, families, and entire communities. In areas with high HIV prevalence, most people have lost a close relative to AIDS and many have suffered multiple losses. Others are facing the knowledge or suspicion that they themselves have contracted the disease. Watching family members, friends, and neighbors die brings grief, anger, guilt, and fear to those left behind. People may have difficulty reconciling the suffering they are witnessing or experiencing with their basic assumptions about themselves, their world, and their faith. Traditional coping methods may break down. The psychosocial effects of HIV and AIDS may in turn worsen the pandemic. Research suggests that depression can weaken the immune system, hastening the onset of full-blown AIDS. People who are depressed may also be less likely to protect themselves and those they care for from HIV infection.

A study conducted by World Vision and Johns Hopkins University recently confirmed a clear link between depression and HIV in Africa, and suggested that the depression suffered by heavily AIDS-affected communities is even more severe than the depression experienced by Rwandan communities after the 1994 genocide. The study found an 18% depression rate in Rwanda (in 1999) and a 21% depression rate in the heavily AIDS-affected Masaka and Rakai districts of Uganda (in 2001). In Uganda, study participants described a depression-like illness that was characterized by lack of hope, thoughts of suicide, and reckless behavior, including disregard for one's own health. Those suffering from depression were unable to function normally: they had 2 to 20 times more difficulty completing given tasks than those not suffering from depression in the study. These results suggest that HIV and AIDS-related depression may not only be a serious concern in itself, but also a major obstacle to HIV and AIDS prevention and care interventions. The challenge is to find effective ways to address the psychosocial needs of HIV and AIDS-affected communities, both to ease emotional and spiritual suffering in its own right and to create favorable conditions for broader prevention, care, and development efforts.

### World Vision's Response

World Vision's message of Christian hope means that the organization has a special role and responsibility for addressing the emotional and spiritual suffering created by HIV and AIDS. In every community where WV works, WV seeks to reduce stigma and discrimination against those affected by HIV and AIDS, to encourage and support community members in caring for the most vulnerable among them regardless of HIV status, and to help people living with HIV support each other through clubs and groups. WV also addresses the psychosocial impacts of HIV and AIDS through two key strategies: training community caregivers to meet the psychosocial needs of those affected by HIV and AIDS and utilizing the interpersonal psychotherapy for groups approach to provide treatment for those suffering from depression.

#### *Training community caregivers to meet psychosocial needs*

WV works through locally formed community care coalitions to identify chronically ill adults and orphans and vulnerable children. WV then trains and supports community volunteers to provide home based care to those who are suffering because of HIV and AIDS. Along with health care and material support, this home based care includes counseling and emotional and spiritual support. Caregivers receive training on the psychological impacts of HIV and AIDS, active and compassionate listening, grief counseling, and strategies for helping their clients cope with the challenges created by their illness or loss and maintaining a positive attitude towards life. In Christian communities, caregivers are supported with training and materials to offer Biblically

based comfort and are encouraged to pray with and for those whom they visit. WV also helps communities identify or set up referral networks for individuals suffering from severe psychological trauma and children who are suffering from abuse.

Along with providing these basic forms of support, World Vision-trained home based caregivers help families with a chronically ill parent to prepare the children for a parent's death. This type of psychosocial support has been found to be especially helpful and comforting to families struggling with HIV and AIDS. Home based caregivers counsel parents on discussing their HIV status and provide guidance in succession planning, which can include writing a will and selecting foster parents for their children. Home based caregivers also help parents assemble memory books or boxes. This project gives ailing parents the opportunity to pass family history down to their children and leaves children with memories that help them retain a sense of identity after they have lost their parents. Memory projects often include written records of family history and the dreams of the parent for his or her children, as well as pictures, birth certificates, and other items of significance to the parent and child.

### ***Utilizing the interpersonal psychotherapy for groups approach***

In 2002, World Vision collaborated with Johns Hopkins and Columbia University to pilot the use of interpersonal psychotherapy for groups (IPT-G) to treat HIV and AIDS-related depression in African communities with high HIV prevalence. IPT is a time-limited psychotherapy approach that makes no assumption about the cause of depression. IPT-G maintains that difficulties in four interpersonal areas are triggers for depressive episodes: grief, interpersonal disputes, role transitions, and deficits in sustaining relationships. These four areas become the focus of treatment

IPT-G brings together small groups of people who have been diagnosed as suffering from depression with a facilitator and gives them the opportunity to discuss and try to make sense of their feelings and actions over a period of several months. Men's and women's group sessions are held separately for 1-2 hours a week for sixteen to eighteen weeks. The trained facilitator is of the same gender as the group and speaks the local language.

IPT-G methodology was piloted in the Masaka and Rakai districts in Uganda, where severe community depression had been diagnosed in 2001. The IPT-G approach was found to be remarkably successful in treating HIV and AIDS-related depression. After the intervention, 3% of the group who had received group therapy met the criteria for depression, contrasted with 40% of the group who had not received group therapy. Those who had received group therapy showed dramatically reduced symptoms of depression and dramatically improved functioning.

Based on the success of this pilot, World Vision is working to expand the IPT-G approach to other communities in high prevalence countries. WV conducts situation assessments to determine the mental health status of the community through ethnographic surveys and focus groups, trains locally hired psychosocial facilitators, supports and monitors these facilitators as they facilitate group psychotherapy sessions, provides referrals and home based care services for participants who need further help after the intervention, and carefully monitors and evaluates results.

## Key Indicators

### *Output:*

- # and % of people assessed to be suffering HIV and AIDS-triggered depression who are participating in IPT-G sessions

### *Outcome:*

- # and % of IPT-G participants whose depression is successfully treated and whose functional ability is improved six months after the intervention
- # and % of IPT-G groups that are continuing to support each other six months after the intervention

### *Impact:*

- # and % of IPT-G participants who report continuing improved functional ability twelve months after the intervention

## 7. Advocacy

### The Challenge

The HIV and AIDS pandemic is a crisis like no other. First, it is extraordinarily deadly. With no cure in sight, the millions of deaths caused by AIDS to date are only the beginning of a loss of life unprecedented in recorded history. Second, it is far-reaching. AIDS impacts every sector and level of society, undermining the basic building blocks of communities and nations and threatening to reverse the development gains of the last half-century. And third, it is long-lasting. The duration of the HIV and AIDS emergency is not months or years but decades, given the rapidly increasing infection rates, the lag between infection and death, and the long-term consequences of losing many of society's most productive adults in the prime of their lives.

In the face of a crisis of such scale, scope, and duration, strong HIV and AIDS programming alone is not enough. It is essential that work on the ground is reinforced by advocacy to change the policies, structures, and systems that perpetuate vulnerability to HIV and obstruct effective response. It is also essential to develop new policies for this new crisis based on the lessons learned in effective HIV and AIDS programs. The challenge is to persuade and enable individual policymakers and policymaking institutions at every level to make the decisions and take the actions required to address the HIV and AIDS crisis effectively.

### World Vision's Response

Advocacy is an integral part of World Vision's overall response to HIV and AIDS. The goal of WV's HIV and AIDS advocacy is to encourage the adoption of public policy and programs that will minimize the spread of HIV and provide maximum care for those living with or affected by HIV and AIDS. To reach this goal, WV has developed and is implementing interlinked local, national, and global HIV and AIDS advocacy strategies to end stigma, to combat denial and indifference, and to mobilize research, resources, and policies for treatment, care, and prevention.

World Vision advocates on the international level, targeting multilateral, bilateral, and regional audiences; on the national level in all HIV and AIDS-affected countries with a WV presence; and on the local level, including provincial, district, and community forums. At every level, WV pursues advocacy in partnership with allies appropriate for each issue, including other NGOs, churches and faith communities, donor agencies, businesses, and governments.

WV draws on its field programming experience and its research to guide and inform all advocacy efforts. World Vision focuses on four key issues in its HIV and AIDS advocacy: strengthening care for orphans and vulnerable children, reducing the vulnerability of girls and women to HIV, increasing access to treatment and care, and mobilizing resources for expanded HIV and AIDS response.

#### ***Expanding and strengthening care for orphans and vulnerable children***

World Vision firmly supports the expanding and strengthening of family and community care for orphans and vulnerable children (OVC) as the most viable, cost-effective, and psychosocially appropriate approach to caring for the millions of children who have been orphaned or otherwise made vulnerable by HIV and AIDS. Expanding and strengthening care for OVC is the highest priority in World Vision's overall HIV and AIDS advocacy for several reasons. OVC are among those most severely affected by HIV and AIDS, yet most neglected in the global AIDS response to date. Investing in OVC is a critical investment in the future strength and security of their communities and countries. Deprived of the care and socialization children need, OVC can

become easy recruits for warlords, criminal gangs, terrorists, and other forces that can cause havoc for the global community.

WV's OVC advocacy focuses on increasing support for family and community care at all levels: local, national, regional, and global. At each level, WV works to:

- Advocate for community-led care rather than institutional care for OVC
- Ensure participation of OVC in all decisions that affect their lives
- Ensure that the OVC-focused sections of the UNGASS (United Nations General Assembly Special Session on HIV and AIDS - June 25-27, 2001) Declaration of Commitment (Articles 65-67) are being upheld

On the community level, WV's advocacy efforts also include:

- Strengthening community members and organizations to advocate for and protect OVC and to reduce stigma
- Networking and partnering with community organizations and faith communities to raise the profile of OVC and advocate for their needs and rights to be met, especially their access to education and health
- Empowering community organizations, churches, and faith communities to lobby for national OVC policies, and then actively implement, monitor, and evaluate those policies
- Developing or strengthening links with legal representation for OVC in cases of abuse, exploitation, trafficking, or loss of inheritance
- Ensuring the availability of child-friendly information, education, and communication materials about the rights of children in general and OVC in particular

On the national level, WV's advocacy efforts include:

- Lobbying for national OVC policies to be drawn up and actively engaging with government departments to ensure the policies are implemented
- Working to eliminate local school and health fees, and associated costs for vulnerable children
- In East and Southern Africa, following up on the OVC National Action Plans developed at the 2002 UNICEF Windhoek conference to ensure they are implemented
- Engaging with denominational and faith communities and other civil society networks to help provide leadership around OVC issues at a national level

On the international level, WV's advocacy efforts include:

- Holding governments accountable to commitments under Yokohama (2<sup>nd</sup> World Congress on Commercial Sexual Exploitation of Children) for prevention of OVC exploitation
- Networking and partnering with churches, faith communities, and NGOs in order to profile OVC issues with the international community, including lobbying for multilateral and bilateral agencies to formulate and implement OVC policies
- Working to change international policies that encourage imposition of local school and health fees for vulnerable children
- Lobbying for commitment of the large scale funding necessary to address the OVC crisis adequately in all heavily HIV and AIDS-affected countries through proportional contributions from developed and developing countries and international financial institutions
- Reducing or eliminating the international debt burden of countries with large numbers of OVC

- Creating a category of ‘heavily AIDS-affected country’ recognized by international financial institutions and applying this status to countries with large numbers of OVC, resulting in relaxed conditionalities and more flexible approaches to fiscal discipline that enable countries to cope with the HIV and AIDS and OVC crises

## **Uganda**

Based on more than a decade of experience in OVC programming, World Vision Uganda has worked closely with the Ugandan government and other stakeholders to draft a national OVC policy and program plan. A World Vision OVC specialist represents Ugandan civil society on the National OVC Policy and Program Plan Steering Committee. WV funded and participated in a workshop to devise a conceptual framework for the policy and program plan. The workshop developed strategies, delivery mechanisms, and monitoring and evaluation systems for each of the key intervention areas that participants identified. WV staff members also served on OVC policy thematic working groups, addressing child protection, psychosocial support, health, and security, including food security. In addition, WV facilitated regional consultative workshops, which solicited input from children (including OVC) and religious, traditional, and district leaders. Finally, to ensure that the government would have funding to support its new OVC programming, WV Uganda helped generate a proposal for OVC funding from the Global Fund to Fight AIDS, Tuberculosis, and Malaria.

### ***Reducing gender-based vulnerability to HIV***

Recognizing the enormous role that gender disparities and inequities play in HIV transmission, World Vision has made the reduction of gender-based vulnerability to HIV a top priority. WV’s strategy for addressing this issue is to challenge traditional gender norms through program and policy interventions, transforming cultural attitudes and expectations and redistributing power between men and women, and boys and girls. WV seeks to change the behavior of boys and men, ending all practices that oppress women and girls, and to support the social, political, and economic empowerment of women and girls. At every level, WV seeks to:

- Advocate for and prioritize the education of girl children
- Advocate for the elimination of all forms of gender-based violence
- Advocate for the elimination of harmful traditional practices, such as early marriage, female genital mutilation, and dangerous initiation rites (including early sex and ritual scarring)
- Support links with legal representation for women and girls in cases of abuse, exploitation, trafficking, or loss of inheritance
- Develop tools, curriculum, training, and materials for motivating men and women to become more gender sensitive, and particularly to change harmful male behaviors

## **Cambodia**

Cambodia has one of the highest HIV prevalence rates in southeast Asia. Its sex industry is responsible for a large proportion of these infections. World Vision Cambodia has worked to promote legal protection for sexually exploited and trafficked children through a variety of advocacy approaches. Using the platform of the First World Congress Against Commercial Sexual Exploitation of Children (Stockholm 1996) and Cambodia's Five-Year Plan to address the goals of the Stockholm Congress and the Convention on the Rights of the Child, WV worked with Cambodia's Ministry of the Interior to research barriers facing the legal protection of children from sexual exploitation. The results of this investigation led to a commitment by UNICEF, the International Organization for Migration, Save the Children Norway, and the UN Cambodia Office of the High Commissioner for Human Rights to join WV in designing a project to influence government policy and practice. The Law Enforcement Against Sexual Exploitation of Children (LEASEC) project was launched in April 2000, with the goal of improving the capabilities of police, judges, and prosecutors to investigate cases of sexual exploitation of children.

The project helped the Royal Cambodian Police deal with child sexual exploitation more effectively by working with the Ministry of the Interior to develop Police Operating Procedures and Practices. The project also sensitized police officers in 13 provinces and municipalities to the issue of sexual exploitation through dissemination of relevant legislation, improvement of police operating procedures, and enhancement of investigation skills. Among other materials, the project developed a sensitization video film that was broadcast on all Cambodian television channels. Finally, the project provided training to selected police officers, prosecutors, and judges in techniques for the investigation of sexual exploitation and abuse. Police officers were trained to monitor a 24-hour police telephone hotline, which was set up to help the public report cases of sexual exploitation. This combination of national and local advocacy resulted in a marked increase in the reporting, investigation, and prosecution of sexual abuse and exploitation cases in Cambodia.

### ***Increasing access to a continuum of care and treatment for people living with HIV or AIDS***

World Vision holds that all people who are living with HIV or AIDS (PLWHAs) should be able to access a continuum of care and treatment. This continuum must recognize that HIV and AIDS is a complex disease and requires more than a clinical response. Ensuring PLWHAs' access to a continuum of care and treatment can prevent enable workers to remain productive, prevent households from disintegrating, and help reduce the transmission of HIV. Critically, it helps keep parents alive as long as possible, extending the life of the parent-child relationship. At every level, WV seeks to raise awareness within communities and countries regarding their rights to adequate treatment and promoting access to available information, treatments, and medicines.

At the community level, WV also works to:

- Raise awareness of PLWHAs regarding their rights to adequate care and treatment and regarding all the care and treatment opportunities they can access in the local context
- Ally with other NGOs, faith communities, and community organizations to advocate for affordable medicines
- Train churches, community organizations, and faith communities to implement and hold the government accountable to their National Health Policy/HIV and AIDS strategy
- Advocate for effective complementary traditional medicines to be recognized, registered, and utilized

At the national level, WV works with coalitions of NGOs, faith communities, and groups of people living with HIV and AIDS (PLWHAs) in advocacy to:

- Expand of home based care programming
- Improve access to anti-retroviral drugs and medications for treatment of opportunistic infections
- Improve national health infrastructure
- Substantially increase national health and HIV and AIDS budgets to support these measures

At the international level, WV works to:

- Lobby governments and the World Trade Organization to support changes to TRIPS to enable greater access to treatment
- Join campaigns and faith-based coalitions to support greater access to treatment and care and develop constituencies from supporter bases to support these campaigns
- Advocate for research and funding for vaccine development, low-cost treatment, and other promising initiatives

### ***Mobilizing resources for expanded HIV and AIDS response***

World Vision is committed to working to substantially increase funding and other resources available from all possible sources to fight the HIV and AIDS pandemic, and to ensure that allocated resources reach the people who need them most and can use them best. Potential sources include southern governments, northern governments and their bilateral aid agencies, multilateral agencies, businesses, and churches and other faith communities. At every level, WV seeks to partner with other NGOs, faith communities, and others to help in collaborative advocacy for expansion of the financial, material, technical, and human resources needed for effective HIV/ and AIDS prevention and care.

At the community level, WV works to:

- Empower community organizations and faith communities to lobby for and access available funding and other resources
- Empower communities, including PLWHAs, to track, monitor, and evaluate expenditure of donor, government, and NGO expenditures at the local level

At the national level, WV works to:

- Ensure adequate national budget allocation to health, education, social welfare, and other relevant ministries for HIV and AIDS response and monitor effective utilization of allocated resources
- Advocate for adequate infrastructure to facilitate access to markets and health facilities
- Ensure integration and prioritization of HIV and AIDS response in Poverty Reduction Strategy Papers (PRSPs) and the related country poverty assessments and resource allocation frameworks
- Ensure participation of civil society and PLWHAs in PRSP processes to encourage transparency and ensure grassroots benefits
- Engage private and public donors for increased funding for HIV and AIDS prevention and care

At the international level, WV seeks to:

- Lobby northern governments to achieve the target of 0.7% GNP allocated to foreign aid
- Lobby for reduction in the portion of foreign aid tied to the purchase of donor country products and services, in accordance to OECD guidelines and G8 commitments
- Ensure the Heavily Indebted Poor Country Initiative is implemented, and ensure that funds freed by debt cancellation are allocated to social services, including HIV and AIDS prevention and care
- Advocate for governments to increase contributions to the Global Fund to Fight AIDS, Tuberculosis, and Malaria, in order to meet its design target of \$7-\$10 billion per year
- Increase the amount of funding made available by multilateral agencies as grants instead of loans
- Lobby for streamlined and simplified funding policies and operational procedures that facilitate rapid access and utilization of funds by NGOs, community organizations, and faith communities

### **Key Indicators**

#### *Output:*

- # of consultative meetings held by WV staff with HIV and AIDS-focused government officials/offices
- # of meetings of HIV and AIDS-focused networks in which WV staff participated

#### *Outcome:*

- # and % of communities in WV areas of operation that are engaging in HIV and AIDS advocacy activity in FY\_\_
- # of cases of property grabbing prevented or reversed
- Amount of additional funding allocated to community-led HIV and AIDS initiatives
- # and type of harmful traditional practices suspended

## 8. Partnering With Churches and Other Faith Communities in HIV Response

### The Challenge

In many HIV and AIDS-affected areas, churches and other faith communities are in the lead in helping families cope with HIV and AIDS – providing care and support for the sick, the widowed, and the orphaned. A recent study conducted by UNICEF and the World Conference of Religions for Peace (WCRP) found that local-level church/faith community responses to the needs of orphans and other children made vulnerable by HIV and AIDS are “more prevalent than was imagined.” Church and faith community responses to the challenges of HIV and AIDS counter “the widespread belief that communities with severe epidemics are disintegrating and support systems are faltering.” (G. Foster et al, 2003)

These findings confirm World Vision’s experience that churches and other faith communities are central to the fight against HIV and AIDS. In many parts of the developing world, and especially in Africa, churches have the widest reach of any social institution and are deeply embedded in the life of even the most remote communities. They are often the most sustainable of all social institutions: present long before NGOs and other external agencies entered communities, and likely to endure long after the departure of the more recently arrived groups. Churches’ and faith communities’ infrastructure, organizational capacity, and pool of current and potential volunteers mean that they are well placed to undertake prevention and care activities. Many churches and faith communities command an unmatched moral authority within the community, with strong potential to promote constructive behavior change for HIV prevention. Most importantly, churches’ and faith communities’ call to serve the poor and neglected and their messages of hope, unconditional love, forgiveness, and acceptance endow church/faith community efforts with a special mandate, motivation, and ability to address the HIV and AIDS crisis.

Churches and faith communities face a number of challenges in their work to combat HIV and AIDS. As more and more members of congregations fall ill and die and the numbers of widows and orphans grow, churches face the problem of extending already insufficient resources to reach more people. In addition, the sheer scale of the needs being generated by HIV and AIDS is overwhelming many churches’ and faith communities’ organizational and technical capacities. The UNICEF/WCRP study found that many faith communities would like to expand their HIV and AIDS-related activities but lack the funding and skills to do so. District and national-level religious coordinating bodies have only begun to find ways to support the efforts of individual congregations and to coordinate these efforts on a larger scale. The challenge for World Vision is to learn from and build upon the community-level HIV and AIDS responses of churches and faith communities, and to help churches and faith communities secure the funding, technical support, and political will at all levels that they need to sustain and expand their efforts.

### World Vision’s Response

World Vision focuses on churches and other faith communities as primary and indispensable partners in HIV and AIDS response. Equipping churches and other faith communities to expand and sustain their efforts to reduce the spread and impacts of HIV and AIDS is a central priority of WV’s global HIV and AIDS response. World Vision has long-standing partnerships with churches and faith communities across the world at both local and national levels. As a nondenominational Christian organization, World Vision has a unique capacity and commitment to strengthen churches and other faith communities for HIV and AIDS response.

WV works to be a humble, respectful partner with churches and faith communities as they work to realize fully their unparalleled potential to address the impacts of HIV and AIDS. WV seeks to learn from and share churches’ and faith communities’ experiences in response to HIV and AIDS

and to share these experiences widely, facilitating mutual learning. WV partners with churches and faith communities at the local, national, regional, and global levels.

### **Local level**

#### *Partnering with church/faith community leaders*

At local level, WV is working with local religious leaders to facilitate HIV and AIDS-focused workshops for churches and faith communities in its area development programs (ADPs). The purpose of these workshops is to equip church and faith community leaders to expand HIV and AIDS responses in their congregations and communities. The content of the workshops includes:

- Exploring the attitudes of religious leaders towards people living with HIV or AIDS (PLWHA)
- Encouraging religious leaders to debate the difficult issues related to HIV and AIDS in their ministry
- Sharing up-to-date information about HIV transmission, prevention, care, and treatment
- Enabling HIV-infected and affected people to share their experiences, challenges, and hopes
- Discussing the emotional needs of people living with HIV or AIDS at each phase of the illness to help religious leaders become more effective counselors
- Helping religious leaders assess their congregations' and communities' current needs relating to HIV and AIDS
- Facilitating identification of responses to HIV and AIDS already underway by churches, faith communities, and other groups in the community and sharing successes, failures, and lessons learned
- Working with religious leaders to develop action plans to expand HIV and AIDS prevention and care through churches and faith communities in the community

#### *Partnering with congregation members*

Following the church/faith community leaders' workshop, WV encourages the leaders to identify interested members in their congregations to attend a four-day HIV and AIDS workshop. This workshop covers similar material to the leaders' workshop. In addition, more attention is given to:

- Good practice models for prevention, care for orphans and vulnerable children, home-based care for chronically ill adults, voluntary counseling and testing, and advocacy
- Work of faith communities that have already started HIV and AIDS responses, including field visits
- Introduction of faith community-appropriate HIV and AIDS materials
- Development of action plans to address congregational and community needs

#### *Strengthening the capacity of church/faith community responses to HIV and AIDS*

After facilitating workshops for church/faith community leaders and interested congregation members, World Vision works to strengthen the capacity of churches and faith communities to pursue the action plans they have developed for HIV and AIDS response. Specifically, World Vision provides training and technical support for HIV prevention efforts, care for chronically ill adults, and care for orphans and vulnerable children. World Vision also helps churches and faith communities access resources to support their HIV and AIDS response through training in resource mobilization skills; facilitating linkages to local, district, and national sources of assistance; and advocating for additional resources to be made available for church/faith community HIV and AIDS initiatives. Emphasis is placed on facilitating mutual learning among churches and faith communities in each community. In addition, WV continually seeks to learn from innovations in

HIV and AIDS response developed by churches and faith communities, and to document and share these good practices with churches and faith communities in other communities and countries.

**National, regional, and global levels**

*Supporting HIV and AIDS responses by national-level church and faith-based bodies*

World Vision has strong relationships with national-level church and faith-based bodies in many countries, including denominations and umbrella bodies. As an international Christian organization that works inclusively with all Christian traditions and other faith communities, WV is uniquely placed to help national-level religious bodies to take a leadership role in addressing HIV and AIDS in the country. WV works to encourage and equip national-level church and faith-based bodies to expand their own HIV and AIDS prevention and care work, and to become active advocates on the national stage for strengthened HIV and AIDS action by all stakeholders. Where possible, WV helps national-level religious bodies form alliances to address HIV and AIDS collectively.

**Zambia**

In 2001, World Vision Zambia convened a conference of the senior leaders of the Zambian church. In attendance were leaders of denominations and the secretaries general of each of Zambia’s three Christian mother bodies: the Christian Council of Zambia, the Evangelical Fellowship of Zambia, and the Zambia Episcopal Conference (Catholic). The conference focused on the challenges facing the Zambian church in the early 21<sup>st</sup> century. Participants agreed that the HIV and AIDS pandemic constituted one of the greatest challenges facing the church and the country.

The church leaders at the conference decided to form a Task Force for Expanding Church Responses to HIV and AIDS in Zambia, comprising delegates from each of the mother bodies and from several Christian NGOs. World Vision agreed to serve as the secretariat of the task force and provided financial and technical support for its work. The Task Force has become a leading voice in efforts to strengthen the church’s response to HIV and AIDS in Zambia, helping to strengthen local-level prevention and care efforts by congregations and to mobilize resources from a range of domestic and international sources for church action on HIV and AIDS. The Task Force now employs its own secretariat; World Vision remains an active member.

**Haiti**

In July 2003, World Vision Haiti organized a National Pastors Conference on HIV and AIDS that brought together more than 500 church leaders from across the country. This was covered widely in national media and has led to initiation of HIV and AIDS responses by more than 200 churches. WV is working to strengthen the capacity of many of these responses in partner communities.

*Identifying, developing, and distributing faith community-appropriate HIV and AIDS materials*

World Vision works to ensure that church and faith community partners are equipped with the materials they need to guide their HIV and AIDS prevention and care, including handbooks, brochures, posters, videos, and other media. WV works with churches and faith communities to assess what materials are needed, then to access existing materials appropriate to the local context. WV is also working with church and faith community leaders to develop and distribute a comprehensive multi-media toolkit for local congregations seeking to engage in holistic community-level HIV and AIDS prevention and care.

*Amplifying the voices of church/faith community leaders speaking out on HIV and AIDS*

World Vision seeks to identify and support church/faith community leaders who speak with authority and passion about HIV and AIDS, and to help their voices be heard in national and international forums. In particular, WV is working with religious leaders who are living with or affected by HIV and AIDS to nurture their potentially prophetic voices. WV has facilitated development of the Africa Network of Religious Leaders Living with and Affected by HIV and AIDS (ANERELA+) to provide these leaders with a platform and mutual support network so that they can increase understanding about HIV and AIDS in religious communities and speak out against silence and stigma.

**ANERELA+**

Two of the first clergymen in Africa to live openly with HIV today lead World Vision's work to strengthen church and faith-based responses to HIV and AIDS in Africa: the Rev. Canon Gideon Byamugisha of Uganda and Rev. Christo Greyling of South Africa. Canon Byamugisha has a firm belief that HIV positive or personally affected church leaders have a special contribution to make towards equipping the whole church to break the silence, stigma, and discrimination still associated with the disease. During a retreat in Uganda in November 2002, a group of more than 40 HIV-infected and affected church leaders from 10 nations in Africa formally organized as ANERELA+. Many of the leaders are living with HIV, and a large number resolved to talk openly about their status. A steering committee has been formed to move the network forward, chaired by Canon Byamugisha. It is ANERELA+'s goal to initiate national networks in many African countries in the years to come.

*Developing partnerships between churches in resource-rich countries and churches and communities in high prevalence countries*

World Vision seeks to facilitate the development of partnerships of churches in resource-rich countries with churches and communities in countries struggling with the burden of HIV and AIDS. WV is working with its support offices in the developed world and national offices and area development programs in the developing world to establish and nurture these partnerships. WV arranges for leaders of northern churches to visit ADPs and learn about community and congregation-linked HIV and AIDS projects. WV provides the follow-up necessary to operationalize, maintain, and strengthen these partnerships once they are formed.

**C2C: Church to Children, Churches, and Communities**

C2C is a program developed by World Vision United States to connect American churches with HIV and AIDS-affected African children, communities, and churches in those communities. The aim of the program is to mobilize US churches on behalf of orphans and vulnerable children (OVC) in the countries hardest hit by HIV and AIDS, engaging US churches' leaders and resources (including funds, people, materials, and influence).

In collaboration with WV national offices in African countries, the C2C program provides an opportunity for US pastors and lay leaders to see firsthand the impact of HIV and AIDS through visits to high prevalence areas. C2C fosters personal connections between US churches and African children, communities, and the churches in those communities. During and after their visits, the church leaders are provided with a range of ways to enable their congregations to make a tangible difference in the lives of OVC in the communities. Options include sponsoring children, collecting an orphan offering, and supporting a project prioritized by the African community to benefit OVC and their families.

It is hoped that C2C will help catalyze a major scaling up of American private and public responses to the HIV and AIDS pandemic – both by affording American churches concrete opportunities to play a role in the fight against the pandemic, and by building a groundswell of grassroots understanding of the HIV and AIDS pandemic that strengthens the political will for greater action.

### **Key Indicators**

#### *Output:*

- # of church/faith community leaders and members attending local HIV and AIDS workshops
- # of church/faith community leaders and members receiving training in HIV and AIDS response
- # of churches and other faith communities with which WV has partnered for HIV and AIDS response
- # of churches/faith communities from developed countries that have formed partnerships on HIV and AIDS response with severely HIV and AIDS-affected communities

#### *Outcome:*

- # of churches/faith communities that have developed/expanded HIV and AIDS responses for the congregation and/or community
- # of churches/faith communities that are promoting HIV prevention
- # of churches/faith communities that are providing care to children and/or adults affected by HIV and AIDS
- Value of resources mobilized by churches/faith communities for HIV and AIDS response
- Value of resources mobilized by churches/faith communities in developed countries for HIV and AIDS response in severely HIV and AIDS-affected communities

#### *Impact:*

- # of chronically ill persons receiving care from churches/faith communities with which WV has partnered
- # of OVC receiving care from churches/faith communities with which WV has partnered

## **9. Integrating HIV Response in Ongoing Development and Relief Interventions**

### **The Challenge**

Until recently, most development and relief organizations viewed HIV and AIDS as a health problem. HIV and AIDS is now widely understood as a development crisis of enormous magnitude. There is no aspect of development work that is not affected by HIV and AIDS in high prevalence countries. The challenge for development agencies is not only to develop specialized HIV and AIDS programs, but also to address the impacts of HIV and AIDS on every sector of work.

### **World Vision's Response**

In addition to developing HIV and AIDS-specific programming, World Vision seeks to integrate effective HIV and AIDS responses into every development and relief intervention implemented in high prevalence contexts and many implemented in lower prevalence contexts. World Vision works to review interventions through an HIV and AIDS lens, modifying each to ensure that it contributes maximally toward preventing the spread of HIV and mitigating the impacts of AIDS. WV is mainstreaming HIV and AIDS response in a range of sectoral programming, including education, health, food security, microenterprise, water and sanitation, emergency relief, and disaster mitigation.

#### **Education**

In the education sector, the loss of teachers and administrators to AIDS and the orphaning of children make it difficult to ensure that all children have access to quality schooling. World Vision aims to support schools struggling under the burden of HIV and AIDS with a variety of interventions, including rehabilitation and construction of school buildings; support for teacher training; and assistance to orphans and vulnerable children who cannot pay their school fees, uniform costs, or school supply expenses. WV also recognizes that schools provide excellent venues for HIV and AIDS prevention and care initiatives. Schools are being encouraged and assisted to include an HIV prevention curriculum in their classes. WV is working with schools to train teachers and students in basic HIV and AIDS counseling and care, to establish support groups and anti-AIDS clubs, and to engage children in care for vulnerable community members, particularly the chronically ill.

#### **Health**

Health care systems are already inadequate in many parts of the developing world. The HIV and AIDS pandemic is threatening to strain these systems to the breaking point. World Vision is working to help ease the burden on health care providers by strengthening and expanding home based care programs in the communities where it works. It is providing health care workers with the knowledge, equipment, and medication necessary to train and equip home based care providers. WV is also helping health care facilities expand efforts to prevent HIV infections by working to ensure that they have staff and facilities for voluntary counseling and testing, diagnosis and treatment of sexually transmitted infections, and prevention of mother-to-child transmission of HIV. In heavily HIV and AIDS-affected areas, WV is promoting expansion of programs for prevention and treatment of common opportunistic infections, including malaria and tuberculosis.

### **Food security**

The loss of productive adults and extension workers to AIDS, the high numbers of young and elderly dependents left behind, and the resources and time taken from agricultural production or income generation in order to care for ill family members are severely undermining the food security of many households in HIV and AIDS-affected communities. World Vision seeks to help families whose means of support have been compromised by HIV and AIDS. These families include those caring for orphans, those caring for the chronically ill, and those headed by a child or elderly person. WV assists these vulnerable households by helping them improve agricultural production and helping them increase their income. WV's interventions include promoting low risk and low input sustainable agricultural practices, introducing nutritious and fast growing crops for families with a chronically ill member, and organizing nutritional support for children who have been made vulnerable by HIV and AIDS. In some communities, WV provides labor-saving tools and technologies and livestock to HIV and AIDS-affected farmers. WV also supports school feeding and school gardens in heavily HIV and AIDS-affected communities. In some high prevalence areas with severe food insecurity, WV provides food aid through existing community structures already caring for vulnerable community members, while working to enable vulnerable households to ensure their own food security over the long term.

World Vision advocates for the concentration of food security resources on the most heavily HIV and AIDS-affected areas. WV also advocates for improved land tenure, ownership, and inheritance rights for widows and orphans, and advocates against traditional practices that fuel the spread of HIV, such as wife inheritance. WV works to prevent HIV in agricultural communities by distributing short, clear informational materials to farmer groups and food aid recipients, supporting local groups to perform drama promoting HIV prevention at food distributions and market days, and supporting farmer-to-farmer peer education.

#### **Kenya**

World Vision Kenya is integrating nutritional and agricultural education with HIV and AIDS awareness activities in its Voi area development program (ADP). Staff members have run community seminars on proper nutrition and the relationship between nutrition and HIV and AIDS. Approximately 500 households have benefited from the seminars, the majority of them headed by women. WV has also conducted workshops on food utilization and diversification to address malnutrition and HIV and AIDS within the community. Sixty community members have been trained on vegetable production and provided with vegetable seeds for their plots. High energy foods have been given priority as a way of promoting food security and increased micronutrient intake, especially among HIV and AIDS infected and affected households. Alongside these food security-related activities, WV has undertaken prevention and care activities in Voi, including holding HIV and AIDS workshops for church leaders, facilitating HIV prevention programming in schools, and training home based caregivers.

**South Africa**

In the urban township of Mbekweni, World Vision South Africa is working to improve the nutritional status of HIV and AIDS-affected individuals and to enhance the household food production of HIV and AIDS-affected families. WV's interventions include nutrition education sessions for people living with HIV or AIDS and the community, food aid distribution, garden demonstrations and workshops, the establishment of food gardens in homes (for family use) and schools (for nutrition education and income generation), and support groups for mothers (including gardening and sewing instruction). As a result, community members are cultivating high nutrient vegetables and herbs that strengthen immune systems. WV includes HIV and AIDS awareness campaigns and discussions during its workshops on nutrition and gardening.

**Microenterprise**

Poverty and HIV and AIDS are inextricably interlinked and mutually exacerbating. Women living in poverty are often forced to resort to transactional sex to support themselves and their families, greatly increasing their risk of contracting HIV. Households living in poverty typically have few resources to care for ill family members, which hastens the family member's death. Poor households have less capacity to survive livelihood shocks like the loss of a breadwinner to AIDS, which deepens their poverty still further. Microenterprise interventions are essential to break the vicious cycle of HIV and AIDS and poverty.

World Vision has been arranging vocational training and apprenticeships for HIV and AIDS-affected youth in several countries for more than a decade. World Vision is also concentrating a range of business development services on areas of high HIV prevalence. These services include training in business management and marketing and improvement of market access. In addition, World Vision has spun off independent microfinance institutions in many countries around the world. A number of these are exploring ways to integrate HIV and AIDS response into their operations in ways that strengthen their overall financial performance.

**Malawi, Uganda, and Zimbabwe**

World Vision is currently implementing several pilot projects to test differing approaches to integrating HIV and AIDS response with microenterprise interventions. In Malawi, the microfinance institution (MFI) affiliated with World Vision is using a model of credit with education to ensure that all microfinance solidarity groups know how to protect themselves and their families from HIV and AIDS. In Zimbabwe, the MFI affiliated with World Vision has introduced accumulating savings and credit associations as a means of enabling clients to mitigate the impacts of HIV and AIDS on their households and communities. And in Uganda, World Vision is partnering with an MFI to integrate microcredit with the full range of HIV and AIDS prevention, care, and advocacy programming being implemented in their common locations.

### ***Water and sanitation***

For households caring for chronically ill adults or vulnerable children, accessing adequate amounts of clean water and maintaining good sanitary conditions can be especially challenging. World Vision helps these households by encouraging home based caregivers and water committees to assist those affected by HIV and AIDS in obtaining safe water and by supporting the provision of sanitation facilities to vulnerable families. In many contexts, WV installs or improves water sources close to the community, in order to reduce the time that community members use carrying water and increase the time available for other household tasks, care for children and the sick, and income generation. As girls and women are most commonly responsible for obtaining water, this intervention can also reduce the risk of contracting HIV through sexual assault on the way to and from the water source.

### ***Emergency relief and disaster mitigation***

People who are displaced by armed conflict or disasters are extremely vulnerable to HIV infection. Cut off from their communities and lacking basic security, refugees and displaced people are prone to high-risk sexual behavior and are exposed to sexual abuse. Women and children are sometimes forced to exchange sex for food or shelter. In some conflicts rape is used as a method of persecution. The risk of transmission through the transfusion of contaminated blood may also be high in emergency conditions. While HIV spreads quickly in these conditions, HIV prevention is often neglected in favor of more visible concerns. Also in emergencies, services run by the government or other civil groups to control HIV and AIDS will likely be disrupted or break down altogether.

World Vision is committed to promoting appropriate HIV and AIDS response even in situations where community life and infrastructure have been severely disrupted. World Vision's interventions include ensuring that blood for transfusions is screened for HIV and that emergency workers are informed about universal precautions to safeguard themselves from infection. WV provides basic information about HIV and AIDS to displaced people and ensures that condoms are available. WV strives to ensure that women and children are protected from abuse and exploitation. Once the crisis has passed, World Vision assesses existing health services and works to provide the materials and skills needed for longer term HIV and AIDS prevention and care activities.